



# DEPARTMENT OF DEVELOPMENT SERVICES

4701 West Russell Road ~ Las Vegas, NV 89118 ~ (702) 455-3000

## RESIDENTIAL BUILDING PERMIT APPLICATION

ASSESSOR PARCEL NO:				APPLICATION NO.:	
JOB SITE ADDRESS:					
SUBDIVISION:		LOT/BLK:			
CONTACT NAME:			SET UP BY:		
CONTACT ADDRESS:			ZIP:		
CONTACT PHONE NO:			FAX NO:		
OWNER NAME:					
MAILING ADDRESS:					
CITY:		STATE:		ZIP:	
DETAILED DESCRIPTION OF WORK:					
THIS PROPERTY IS BEING SERVICED BY: <input type="checkbox"/> SEPTIC OR <input type="checkbox"/> SEWER NOV#:					
TYPE OF CONSTRUCTION:		OCCUPANCY:		SPRINKLER SYSTEM:	
SQ. FT:	NO. UNITS:	NO. STORIES:	OCC. LOAD:	QAA REQ'D:	
CONTRACTOR'S DECLARATION			PERMIT FEES		
CONTRACTOR INFORMATION	I hereby certify that I am licensed under the provisions of N.R.S. 624.				
	CONTRACTOR NAME:				
	ST. LIC. NO:		CLASS:		
	CC BUS. LIC. NO:		PHONE NO:		
	MAILING ADDRESS:				
	CITY:		STATE:	ZIP:	
APPLICANT	CONTRACTOR SIGNATURE _____ DATE _____				
	I certify that I have read this application and state that the above information is correct. I agree to comply with all county ordinances and state laws relating to building construction, and hereby authorize representatives of this county to enter upon the above mentioned property for inspection purposes.				
APPLICANT	APPLICANT SIGNATURE _____ DATE _____				
	COMMENTS:				
STANDARD PLAN NO: _____					
<input type="checkbox"/> Plans Attached <input type="checkbox"/> Plans on File <input type="checkbox"/> No Plans					
Zoning Review By: _____			Date: _____		
Bldg Plan Review By: _____			Date: _____		
TOTAL:			\$ _____		
<input type="checkbox"/> Cash			<input type="checkbox"/> Check No: _____		
Issued By: _____			Date: _____		